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RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE AFRICA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1 MILLION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $1 million. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
The Gambia	3 750 000	3 750 000	1992-1996

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE GAMBIA

Basic data (1990 unless otherwise stated)

U5MR: 238	Child population (0-15 years): 397,000
IMR: 138	Literacy (male/female): 36/15 per cent
GNP per capita (1989): $240	Access to health services (urban/rural): 82/80 per cent

One-year-olds fully immunized against:

Tuberculosis:	99 per cent
Diphtheria/pertussis/tetanus:	93 per cent
Measles:	86 per cent
Poliomyelitis:	95 per cent

Pregnant women immunized against:

Tetanus:	83 per cent

The situation of children and women

1. The Gambia is one of the smallest countries in Africa, with a population of 861,000. Bisected by the Gambia River, which occupies one third of the country's total area, the Gambia shares borders with only one other country, Senegal.

2. The Gambia is also one of the least developed countries on the continent, with a per capita gross national product (GNP) of $240. However, there is a strong promotion of human rights within a multiparty democratic system. The programme for sustained development, launched in 1990 as a successor to the economic recovery programme of 1985, fosters economic growth to promote social and economic development through diversification of the country's heavily agricultural and single-crop dependent economic base and the involvement of the private sector. Tourism, fisheries, horticulture and livestock are areas being developed.

3. According to recent estimates, the infant mortality rate (IMR) declined from 160 per 1,000 live births in 1980 to 138 per 1,000 live births in 1990. In the same time-frame, the under-five mortality rate (U5MR) declined from 277 to 238 per 1,000 live births. A nationwide expanded programme on immunization (EPI) has made the Gambia one of the first sub-Saharan African countries to achieve universal child immunization (UCI). A substantial decrease in mortality and morbidity due to measles, whooping cough, diphtheria and yellow fever has been reported. Today, acute respiratory infections (ARI), malaria, diarrhoeal diseases and neonatal conditions are the major killers of Gambian children under five years old. To combat these diseases, health education for mothers on prevention, recognition of symptoms and the need for rapid medical intervention is required. Even more important, adequate medical services must be made available.

4. Although data are sketchy and incomplete, there are indications that chronic malnutrition among children could be as high as 40 per cent. Acute malnutrition may reach 4 per cent during the rainy season. Underlying causes include poor weaning practices and food taboos, as well as food shortages.

5. The maternal mortality rate (MMR) is extremely high, with a national average of 1,050 per 100,000 live births. The main causes of maternal mortality, haemorrhage and infection, relate to the lack of access to and poor quality of services. With the introduction of primary health care (PHC) services, an increasing number of women are assisted during delivery by a trained traditional birth attendant (TBA). However, studies show that rates in rural areas are still high: double those in urban areas.

6. In 1979, the Government adopted PHC as its strategy for health-care delivery. More recently, the principles of the Bamako Initiative have also been reflected in the strategy. The current health infrastructure consists of 381 community-financed village health services; 31 basic health services, providing first-line referral support; and 2 government hospitals. Budget allocations for health have increased in recent years to about 10 per cent of the country's total budget. However, attempts to shift resources from hospitals to basic health services have failed, and the hospital share of the health budget has risen from 33 per cent in 1985/86 to 45 per cent in 1989/90.

7. An estimated 50 to 60 per cent of the population has access to PHC through village health services. Despite early successes in operationalizing village health services, major problems persist such as the separation between village health services and the health centre and hospital system and the control of resources generated at the local and health centre levels. Logistical and financial constraints are leading to shortages of drugs and supplies, community health nurses are being asked to take on additional duties and lack time to train and supervise the village health workers (VHWs) and facilities are poorly maintained as a result of waning community support.

8. A new government education policy is designed to provide nine years of basic education, starting at seven years of age. Early childhood development and the use of national languages in the non-formal system are supported and the educational needs of handicapped children are addressed. The policy also addresses many of the constraints the education system faces such as the lack of an adequate infrastructure, school supplies and qualified teachers and negative social attitudes towards education, especially for girls.

9. Achievements in the provision of water supply include 48 per cent coverage of the population (42 per cent in rural and 55 per cent in urban areas). However, the health impact, such as the reduction of water-borne diseases, has yet to be proven, indicating a need for attention to broader environmental issues and to link water supply and sanitation with health. Improved policy development and coordination is essential to strengthen the operation and maintenance aspects of water supply schemes and the overall sanitation and hygiene education components.

10. The socio-economic status of women is perceived as less important than that of men. Women receive limited recognition and lack decision-making power in their multiple roles (income earner, mother, husband's assistant, community worker), which leave little time or energy for self-improvement. Primarily, women are valued for their reproductive role, often at the expense of their formal education (48 per cent of primary-school-age girls are enrolled compared to 60 per cent of boys).

Programme cooperation, 1987-1991

11. UNICEF opened a sub-office in Banjul in 1986 and began the first country programme of cooperation.

12. The major thrust in the area of health was EPI. This programme, for which UNICEF remains the principal donor, relies on 42 fixed health stations and 141 outreach sites, which provide monthly maternal and child health (MCH)/EPI services. The integration of EPI into general MCH services has been the key to the success of the immunization effort. Full immunization coverage increased from 52 per cent in 1985 to 82 per cent in 1990.

13. Initial steps to reduce MMR included TBAs and upgrading health facilities dealing with high-risk pregnancies in rural areas. The ARI programme emphasized training of PHC staff in case management and the distribution of drugs for the first-line treatment of pneumonia by peripheral health care workers. However, health education needs to be further developed. In rural areas, a project in which mosquito nets for beds were sprayed with insecticide ("bed-net impregnation") supplemented current strategies for malaria control, where chloroquine treatment of all fevers during the malaria season failed to show a reduction in mortality and morbidity from malaria, owing partly to late treatment and partly to misdiagnoses by VHWs. By 1991, bed-net impregnation coverage in the 127 villages involved ranged from 68 to 96 per cent. The control of diarrhoeal diseases (CDD) was introduced in health training curricula and oral rehydration therapy (ORT) was promoted through radio spots, printed materials and workshops. More emphasis is needed on promoting home fluids and increasing access to oral rehydration salts (ORS), hygiene and environmental sanitation. Advocacy and social mobilization efforts led to greater community participation, as reflected in a major thrust for ORT and the achievement of UCI. Much more needs to be done to improve MCH knowledge at the community level.

14. In collaboration with the Nutrition Unit of the Ministry of Health, a national nutrition surveillance survey was conducted twice a year, during the rainy and dry seasons. Field nutritionists and 65 community health nurses received training twice a year prior to the survey. The promotion of breast-feeding and suitable weaning practices helped to prevent malnutrition.

15. The training of 400 teachers focused on administration and home economics. The school farms and gardens project covered some 60 out of a total of 254 primary and secondary schools, with emphasis on agricultural development in the curriculum. In 1990, a new initiative in non-formal

education was introduced in order to link teaching and learning materials in five local languages to the needs of daily life.

16. In the rural water supply sector, the Government received assistance in policy development, implementation and monitoring. Although physical targets were not excessive, the Government has looked increasingly to UNICEF to provide technical assistance and support for the introduction of new technologies for water supply and sanitation and the development of suitable monitoring systems, including water quality control systems. A database was established for all water supply systems in the country and water quality units were strengthened. For the past two years, UNICEF has been supporting a working group responsible for improved planning and coordination of the sector.

17. The mid-term review, held in September 1990, recommended a number of corrective actions, including improvement of inter- and intrasectoral linkages, planning and monitoring and evaluation, and more rational utilization of resources, geared towards sustainability of efforts; more emphasis on information, education and communication (IEC); and increased community participation and involvement of women. In particular, it was observed that UNICEF should focus its activities on priority interventions. As a follow-up to the World Summit for Children, the UNICEF Banjul office was requested by the Office of the President to become a member of a special committee for the preparation of a national programme of action.

Recommended programme cooperation, 1992-1996

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	1994	1995	1996	Total
Health	300	300	300	300	300	1 500
Water supply and environmental sanitation	200	200	200	200	200	1 000
Education	150	150	150	150	150	750
Monitoring children and development goals	100	100	100	100	100	500
Subtotal	750	750	750	750	750	3 750

Supplementary funding	1992	1993	1994	1995	1996	Total
Health	205	370	450	450	475	1 950
Water supply and environmental sanitation	150	205	215	215	215	1 000
Education	164	210	179	156	91	800
Subtotal	519	785	844	821	781	3 750
Total	1 269	1 535	1 594	1 571	1 531	7 500

18. The 1992-1996 programme of cooperation seeks to enhance the survival, protection and sustainable development of children and women within the framework of government policies and priorities, with the following general objectives: (a) reducing IMR and U5MR by 25 per cent; (b) reducing MMR in rural areas by 25 per pent; (c) increasing access to basic education for children, particularly young girls, and raising the literacy rate of women; (d) increasing access to safe water supply to 75 per cent and improving the community hygiene environment; (e) strengthening national planning and government implementing capacity; and (f) raising awareness of the situation of women and children.

19. The principal strategies will focus on (a) strengthening national planning, implementation and monitoring capacity, as well as improving accessibility to and the quality of services through community participation; (b) ensuring an integrated, multisectoral and coordinated approach to service delivery; and (c) advocating the formulation of child survival and development (CSD) policies.

Health

20. The programme will sustain UCI by ensuring the delivery of immunization services at health centres, dispensaries and outreach sites, and by strengthening the integration of immunization services with activities in antenatal clinics, family planning services, health education and child welfare clinics. Within the context of the Bamako Initiative, EPI operating costs will be incorporated gradually into a cost-sharing system, and community involvement in the programme will be strengthened.

21. The Bamako Initiative strategy for the revitalization of PHC services will aim to provide integrated, effective coverage of the population with operational, cost-sharing health services. To support delivery level centres and VHWs, regional management capacity will be strengthened, especially in the areas of supervision, training and drug supply. Priority activities will include malaria management with the administration of chloroquine and the use of bed-nets impregnated with insecticide at the village level; diarrhoea case management in the home and at health facilities by strengthening ORT corners at major health centres and improving access to ORS; pneumonia detection and

case management at the village level, involving traditional healers and herbalists; and the orientation of mothers on ARI issues.

Education

22. Following the Jomtien Declaration on Education for All, the Government has renewed its emphasis on basic education, including early childhood and non-formal education, and improving the quality and relevance of formal education. Specific objectives of the education programme will include (a) increasing the enrolment rate of primary-school-age children from 61 to 70 per cent by 1996; (b) providing 6,000 adults, especially women, with literacy and numeracy skills; (c) reducing female illiteracy rates in rural areas; (d) standardizing and improving the quality of early childhood care and educational opportunities in existing pre-school centres; and (e) strengthening human resource capacity in the primary education, early childhood and non-formal education sectors. The early childhood development project will support policy formulation for improving standards in existing pre-schools and the testing of curricula and learning materials in 20 pre-schools. The primary education project will improve the quality of education through teacher training and curriculum development and will link education with life skills through the school farms-and-gardens project. The suitability for replication of the latter project will be evaluated on a national scale. The non-formal education project will aim to provide women in particular with basic literacy skills linked to health, nutrition and income-generating activities.

Water supply and environmental sanitation

23. The programme will aim to increase safe water supply coverage to 75 per cent and sanitation coverage to 20 per cent by 1996. A major emphasis has been placed upon strengthening government departments and non-governmental organizations (NGOs) in order to improve sector planning and implementation. Three projects will be developed. The first project will focus on capacity-building, including support for human resource development, strengthening of institutional capacity and intersectoral coordination. The second will aim to provide low-cost water supply and sanitation facilities at all primary schools as the focal point for delivery of services. This will be coordinated with each school's farm-and-garden project under the education programme. The third project will focus on rural sanitation and hygiene education in order to develop suitable strategies and procedures for rapid acceleration throughout the country.

Monitoring children and development goals

24. The Government's commitment to the Declaration and Plan of Action of the World Summit for Children and the Convention on the Rights of the Child and the success of EPI have created a favourable environment for advocacy and social mobilization. In December 1990, the President, as Chairman of the Economic Community of West African States (ECOWAS) hosted the West African

Regional Parliamentary Workshop on Child Survival and Development (CSD). A parliamentary media task force has since been established to support CSD mobilization activities. Advocacy will now focus on monitoring the goals for children and development and continuing efforts to adopt legislation within the context of the Convention on the Rights of the Child.

25. Monitoring systems will be strengthened to enable updating of the situation analysis of women and children. Major evaluations of PHC (Bamako Initiative) and basic education are planned towards the end of the programme cycle.

26. In collaboration with United Nations agencies and other partners, especially NGOs, UNICEF will stress complementarity of activities benefiting children and women. Cooperation with the World Health Organization (WHO), originally initiated in the EPI project, will be extended to PHC/MCH activities. UNICEF will also work closely with the United Nations Development Programme (UNDP) and the World Bank in the areas of basic education and water supply and environmental sanitation.

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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE AMERICAS AND THE CARIBBEAN REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1 MILLION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $1 million. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for country programmes listed below.

Country programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Belize	3 750 000	-	1992-1996
Costa Rica	3 750 000	-	1992-1996
Panama	3 750 000	-	1992-1996
Uruguay	3 750 000	970 000	1992-1996

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

I. BELIZE

Basic data (1990 unless otherwise stated)

U5MR: 29
IMR: 23
GNP per capita (1989): $1,720

Child population (0-15 years): 30,000
Literacy (male/female) (1985): 93/93 per cent
Access to health services (1984): 75 per cent

One-year-olds fully immunized against:

Tuberculosis:	80 per cent
Diphtheria/pertussis/tetanus:	84 per cent
Measles:	81 per cent
Poliomyelitis:	80 per cent

Pregnant women immunized against:

Tetanus:	N.A.

The situation of children and women

1. Belize has the smallest and fastest-growing population in Central America. The official 1990 population was 184,340, of which almost one half was female and 46 per cent under 15 years of age. Including the refugee and illegal immigrant population, the total population of Belize comprises an estimated 233,800. Of that figure, 23 per cent are women of child-bearing age, and the total fertility rate (5.2 per cent) is at least twice as high as other Caribbean nations and equal to or higher than that of the country's Central American neighbours.

2. Despite recent economic growth, in real terms, the per capita provision for the social sector is declining. While official figures suggest a growth in per capita gross domestic product (GDP) of around 4 per cent per year between 1980 and 1989, unofficial estimates, which include the immigrant population, would suggest an average growth of about 1.5 per cent at current prices. For the last few years, not only has the health sector percentage of the total budget remained static, but the percentage of the total health budget allocated for primary health care (PHC) has diminished from 21.6 per cent in 1987 to 17.1 per cent in 1990. During this period the budget share for the social services sector has also declined. Only the education sector has received an increased share of the government budget.

3. The 1990 infant mortality rate (IMR) was 23 per 1,000 live births. Major causes of infant deaths are perinatal complications, respiratory system infections and nutritional problems. The leading causes of mortality in children between the ages of one and four years are acute respiratory infections (ARI), followed by diarrhoeal diseases.

4. The refugee and immigrant populations are not included in official government social and economic statistics, which makes planning for development extremely difficult. In general, data for planning are either inaccessible or do not exist, while centralized management has led to inefficient use and distribution of resources. These factors, among others, have contributed to a general decline in the socio-economic status of the poorer, more difficult-to-reach sectors of society. Three districts out of six, namely, Toledo, Stann Creek and rural Belize, and the marginal urban areas of Belize City contain pockets of poverty where social groups have no access to basic services.

5. An estimated 54 per cent of children between the ages of 5 and 14 do not receive a basic education owing to high drop-out rates. More than 50 per cent of these students drop out in the first two years. Early childhood development (ECD) programmes are limited, concentrated in urban areas and reach only 15 per cent of children under five years of age. Although officially the literacy rate is over 90 per cent, Ministry of Education officials estimate the real functional literacy rate to be as low as 70 per cent (1989). In recent years, service coverage for the disabled has increased from 1.5 to 10 per cent of children up to 15 years of age. Further expansion has been constrained by limited technical and financial resources.

6. National water supply coverage is 80 per cent, and only an estimated 43 per cent of the population have access to adequate sanitation facilities. There is a distinct rural-urban disparity in service coverage: 100 per cent of urban and semi-urban residents have access to clean water, compared to only 53 per cent of rural inhabitants. Furthermore, 60 per cent of urban and only 21 per cent of rural populations have proper domestic sanitation.

7. An estimated 27.8 per cent of Belizean households were headed by women in 1990. Approximately one out of five pregnancies occurs in adolescents, the majority in single mothers. Around one half of all pregnant women are anaemic, and only a small number of these have been immunized with tetanus toxoid.

8. Only 54 per cent of mothers exclusively breast-feed their infants. Nutritional deficiencies in infants, which were listed in 1988 as the third leading cause of death in children under one year of age, are further compounded by inappropriate dietary habits and poor weaning practices. A 1989 United States Agency for International Development (USAID) study of children in the Toledo and Stann Creek districts estimated that 55 per cent have moderate vitamin A deficiency and 5 per cent have severe deficiency or are at risk of blindness.

9. Very little information is available regarding children in difficult circumstances. However, social service and health professionals attest to pervasive child abuse. There are few child protection laws, no systematic data collection or service delivery to children in difficult circumstances, no professionals trained in the area and a lack of public awareness concerning the problem. Accidents are the third leading cause of death in children one to four years old.

10. In summary, the major problems affecting Belizean children and women are: (a) inadequate data for planning and monitoring the situation of children and women; (b) a high incidence of perinatal complications, ARI and nutritional deficiencies; (c) a high fertility rate and high number of adolescent pregnancies; (d) low educational levels, reflected in high levels of primary school drop-outs, insufficient services for preschoolers and the disabled and increasing illiteracy; (e) inadequate rural water supply and sanitation services; and (f) little protection or services for abused, neglected and institutionalized children.

Programme cooperation, 1986-1991

11. During the 1986-1991 period, the UNICEF programme of cooperation focused on three major areas of intervention: health, education and rural water supply and sanitation, with a concentration of activities in three regions of the country.

12. Major achievements during this period included: (a) the attainment of universal child immunization (UCI) goals; (b) formal adoption by the Ministry of Education of the primary school health education project as part of the standard primary school core curriculum; (c) the establishment of civil service positions in the areas of ECD and disabilities; (d) water supply and sanitation activities benefiting 8,400 persons in 14 villages through the organization of 16 safe water groups composed mostly of women; (e) increased community-based and financed, non-formal ECD services; (f) the development of a self-sustaining, cost-effective grass-roots model for the delivery of basic services; (g) institutionalized intersectoral planning; (h) the establishment of decentralized district-level financial accounts for community projects and rural outreach programmes for children and women; (i) national capacity building of the Department of Women's Affairs; (j) the attainment of a respected advisory and coordinating role with the Government, United Nations agencies and others; (k) the establishment of a formalized government of Belize/UNICEF/non-governmental organization (NGO) partnership; and (l) the establishment of an intersectoral National Coordinating Committee on Children (NCCC).

13. The Government signed the Declaration and Plan of Action of the World Summit for Children on 4 June 1991. In addition, Belize was the fifth country in the international arena to ratify the Convention on the Rights of the Child, and reference to the Convention and the World Summit Declaration is made in its national development plan. NCCC will monitor the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the national programme of action.

Lessons learned

14. During the last period of cooperation, major evaluations of the child survival programme were undertaken, including studies of the following: the quality of health services and the PHC strategy; the school health education project; the Toledo water supply and sanitation programme; and the integrated

urban and rural development programme. A study on structural adjustment was also completed.

15. The programmatic lessons learned from both the achievements and constraints identified by programme evaluations can be summarized as follows: (a) given minimal support, communities are willing to participate in, capable of and responsible for their own development; (b) decentralization of planning, monitoring and authority is important in order to reach the most vulnerable populations and maintain programme sustainability; (c) expanding partnerships and formulating new alliances is necessary to insure a broad-based impact; (d) effective and efficient operative mechanisms for cooperation and integration of intra- and interministerial and NGO interventions must be fostered for efficient resource management; and (e) national capacity for participatory development must be established.

Recommended programme cooperation, 1992-1996

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	1994	1995	1996	Total
Policy and planning	105	111	110	115	130	571
Health and nutrition	140	130	135	135	135	675
Education	113	122	115	124	118	592
Water supply and sanitation	100	100	100	100	100	500
Children in especially difficult circumstances	105	100	103	88	79	475
Programme support	187	187	187	188	188	937
Total	750	750	750	750	750	3 750

16. The overall objective of the new country programme is to improve the quality of life of children and women in Belize. Programme objectives for this period have been established taking into account the adaptation of World Summit goals to the national context of Belize, as outlined in the national programme of action developed in 1991.

17. As a whole, the country programme, which is complemented by subregional initiatives in the fields of health, education, water supply and sanitation and children in difficult circumstances, is a multisectoral, integrated package, with a capacity-building component in every project. Direct intervention activities will focus on the marginal urban areas of Belize City and rural Belize and the Toledo and Stann Creek districts to demonstrate the cost-effective delivery of direct services to hard-to-reach sectors of society. Social mobilization, advocacy and parent education activities will cut across programmes and will be implemented on a national scale, enhanced by

partnerships between the Government, NGOs, communities, churches, the private sector and other United Nations agencies. Strategic elements, based on lessons learned during the previous period of cooperation, will include participatory development, cost-effective planning and affordable and sustainable development options.

Policy and planning

18. The major objectives of this programme are: (a) to strengthen the social planning process and increase national capacity to analyse and plan for improving the situation of the most vulnerable groups, in particular children and women; (b) to strengthen local and national capacity for monitoring progress towards achievement of the national programme of action goals; (c) to establish a system to analyse the cost-effectiveness of social development programmes; and (d) to integrate all women and ethnic groups in the development process, especially the marginal urban, rural and adolescent women of child-bearing age.

19. UNICEF support will be provided through three national-level projects: (a) social planning and monitoring; (b) social mobilization and advocacy; and (c) women in development initiatives. Project inputs will include technical assistance, training, provision of equipment and supplies, institutional support and promotion of intersectoral cooperation and coordination between various partners, including ministries, traditional community structures, NGOs and other development agencies. Mobilization of the media and the use of alternative, "third channel" methods for promoting child survival, development and protection strategies will also be pursued.

Education

20. The aims of this programme are: (a) to support the national-programme-of-action objective of increasing by 30 per cent coverage of children from birth to six years of age attending formal preschool programmes and non-formal, community-financed, integrated ECD services; (b) to reduce the repetition and drop-out rates in the primary-school-age population by 10 per cent, concentrating on children in grades 1 and 2; (c) to secure and consolidate national capacity for service delivery to disabled children from birth to 15 years of age and increase coverage by 30 per cent; (d) to promote integration of the disabled, especially disabled children, into the society, community and schools; and (e) to impart life, work and parenting skills to women, female adolescents and vulnerable ethnic groups through non-formal, innovative literacy initiatives.

21. UNICEF technical assistance and financial support will be provided for training, equipment and supplies, and building national capacity for formal and non-formal education and ECD services. These activities will be carried out within the framework of three projects - ECD, disabilities and literacy - each of which have a technical assistance and programme support component. The education programme will cut across and enhance the other programmes to be

undertaken in the 1992-1996 period through the development of gender-sensitive, environment-friendly and culturally appropriate intersectoral educational materials.

Health and nutrition

22. This programme aims (a) to support actions aimed at reducing maternal mortality and morbidity by 40 per cent and infant mortality by 16 per cent; (b) to reduce the number of adolescent pregnancies and births by 50 per cent; (c) to reduce the number of neonatal deaths by 20 per cent; (d) to decrease the prevalence of low birth weight by 10 per cent; (e) to reduce ARI morbidity by 15 per cent; (f) to assist the health sector to reduce the prevalence of under-five malnutrition by 50 per cent; (g) to increase the number of mothers who breast-feed exclusively during the first four months by 60 per cent; (h) to reduce the incidence of anaemia in pregnant women by 25 per cent; (i) to increase and sustain UCI and neonatal tetanus coverage at 90 per cent, thereby leading to the eradication of polio and the reduction of the incidence of measles by 90 per cent; (j) to increase home use of oral rehydration therapy by 15 per cent; and (k) to support government efforts to improve health education for women of all ages.

23. To improve the health of children and women, the programme will concentrate on perinatal problems, ARI management, ensuring the sustainability of UCI and building national capacity and rural outreach of the Health Education and Community Participation Bureau. Special efforts will be made to increase the use and promotion of oral rehydration salts as an effective preventive strategy against the impending threat of a cholera epidemic. UNICEF technical assistance and support will be given for the provision of supplies and equipment; the training of community health workers; strengthening of health information systems through sentinel site methodologies; and the promotion of family life education, including the prevention of sexually transmitted diseases (STDs) and acquired immune deficiency syndrome (AIDS). In coordination with the Pan American Health Organization/World Health Organization (PAHO/WHO), UNICEF will support the safe motherhood initiative, including prenatal health services, especially for pregnant adolescents, such as the promotion of breast-feeding, proper weaning practices and growth monitoring. Support will also be provided for using locally adapted Facts for Life-type messages to produce culturally sensitive health education materials and media spots in at least three languages (English, Spanish and Garifuna), representing the predominant cultures in Belize.

Water supply and sanitation

24. Supported by significant political commitment, the ultimate goal of this programme is to develop the institutional capacity of the Government to plan and monitor water supply and sanitation programmes in order to reach 100 per cent coverage in the rural areas by the end of the decade.

25. The programme will be implemented in coordination with government and international organizations and local NGOs. More specifically, the programme aims to supply water to 6,000 people through the provision of 125 bore wells fitted with technically and culturally appropriate hand pumps, and to construct 3,000 ventilated improved pit latrines, benefiting 18,000 people. Priority target areas will be the under-served communities of rural Belize, Stann Creek and Orange Walk districts. The programme consists of four components: water supply; sanitation/latrine construction; environmental health education; and community mobilization and institutional capacity building. Special attention will be given to women's participation and the reduction of their workload. In addition, support will be provided for community maintenance and cost-recovery schemes, environmental education and the establishment of a national monitoring and management information system in order to improve sector planning.

Children in especially difficult circumstances

26. The Government has committed itself to enacting child protection legislation and strengthening existing child care and protection institutions in its national development plan (1990-1994). In support of this commitment, the programme aims at: (a) building national awareness and capacity for the protection, provision of services and full participation in society of children in especially difficult circumstances; (b) advocating the adoption of comprehensive child protection laws and policies within the framework of the Convention on the Rights of the Child, and building national capacity of NCCC to implement, monitor and report on the Convention; (c) developing a national cost-efficient child protection system, which includes case management of and service delivery to abused and neglected children and their families; and (d) initiating and sustaining alternatives to institutional care and more humane methodologies of child care through short-term, community-based therapeutic and rehabilitative programmes for institutionalized children.

27. UNICEF-supported activities will be implemented in three areas: strengthening institutional capacity; child abuse and neglect; and adolescent pregnancies. Through these interventions, education in family life, counselling and support services will be provided for an estimated 5,200 children between the ages of 10 and 19 years. A study to investigate the situation of children most at risk in Belize is planned for early 1992 in order to refine the strategies for the remainder of the country programme. A fully trained children's ombudsman for the family court will work closely with NCCC on the Convention on the Rights of the Child.

Programme support

28. Programme support costs have been budgeted to cover the necessary technical, logistical and administrative support costs of the country programme. In addition, programme monitoring and evaluation activities will also be carried out.

Cooperation with other United Nations organizations

29. The country programme will be closely coordinated with other United Nations agencies, and ongoing cooperation with PAHO, the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other agencies will be strengthened. In addition, efforts will be made to coordinate activities with NGOs operating in the same areas as UNICEF.

II. COSTA RICA

Basic data (1990 unless otherwise stated)

U5MR: 22	Child population (0-15 years): 1.1 million
IMR: 18	Literacy (male/female): 93/93 per cent
GNP per capita (1989): $1,780	Access to health services: 80 per cent

One-year-olds fully immunized against:

Tuberculosis:	92 per cent
Diphtheria/pertussis/tetanus:	95 per cent
Measles:	90 per cent
Poliomyelitis:	95 per cent

Pregnant women immunized against:

Tetanus:	90 per cent

The situation of children and women

30. For three consecutive decades (1950s-1970s), Costa Rica experienced a rapid rate of growth which enabled the Government to create an infrastructure for centralized basic services with high technical standards and coverage. In the 1980s, however, the country experienced an economic crisis, resulting from falling export prices, rising import prices and one of the highest per-capita external debts in Latin America. Living conditions, particularly those of lower-income families, significantly deteriorated during the period. Between 1977 and the height of the economic crisis in 1983, the percentage of families living below the poverty line increased from 25 to 34 per cent. Although more recent figures show that this percentage has decreased to near 1977 levels, nutrition indicators give rise to concern that there has been an increase in the population group living in extreme poverty. Between 1980 and 1989, real per capita expenditure in health and education decreased by 43 and 51 per cent, respectively.

31. For the most vulnerable population groups in impoverished areas of the country, problems of survival, health and basic education have become more acute. These areas, which include marginal urban areas, remote rural areas,

Afro-Caribbean population-concentrated areas and, increasingly, areas of the country with indigenous populations, also reflect the greatest disparity in socio-economic indicators when compared with national-level data. The Government has now targeted 30 priority cantones (counties) for selected interventions to alleviate the situation of vulnerable groups. (The country is divided into seven provinces and 81 cantones.)

32. IMR has officially remained stable over the last few years, at 18 per 1,000 live births; however, in priority rural cantones, IMR figures are higher than the national rate. Neonatal deaths account for two thirds of infant mortality figures. In 1989, 16.8 per cent of all births were to teenage mothers 15 to 19 years of age. In some provinces, such as Limón, and southern Costa Rica, this figure was as high as 25 per cent.

33. Between 1987 and 1989, moderate and severe malnutrition among children under six years of age increased by 0.2 per cent, bringing the national figure to 2.8 per cent. Regions with the highest malnutrition indicators include Chorotega, Central Pacific and Brunca.

34. While a very high percentage of the population has access to safe water (100 per cent in urban areas), some 17 per cent of the population in dispersed rural areas still lack access. In addition, 26 per cent of rural and 34 per cent of marginal urban populations lack access to adequate waste disposal systems.

35. Although 85 per cent of children under 14 years of age complete primary school, the percentage of drop-outs ranges from 2.1 to over 5 per cent (1989), with the highest percentages in priority cantones. Only 4 per cent of the population under the age of six years has access to day-care centres. Services for the disabled population are also scarce.

36. In 1990, it was calculated that an estimated 300,000 children, including working children who lack access to basic services, live in conditions of social risk. The April 1991 earthquake and recent floods have also aggravated the situation of children in the Atlantic region, which already shows lower than national-level socio-economic indicators.

Programme cooperation, 1985-1991

37. UNICEF interventions during this period aimed at improving the well-being of the most vulnerable groups through programmes for child survival, urban basic services, water supply and sanitation, women and development and, most recently, children in especially difficult circumstances. Projects promoting educational alternatives for children under six years of age and integrated attention for disabled children were also supported. These programmes used a two-pronged approach, targeting specific populations in priority cantones at the local level and at the national level promoting alternative service models through social communication and mobilization activities. These interventions were further complemented by a national programme of advocacy, social mobilization and monitoring of the situation of children and women, initiated

in 1990 with funding from the Special Adjustment Facility for Latin America and the Caribbean.

38. Major accomplishments included the development of a child survival strategy focusing on high-risk groups; the maintenance of universal vaccination coverage, a reduction of measles- and whooping cough-related deaths and an absence of polio cases; the establishment of non-formal education, including the institutionalization of the category "itinerant teachers" for community-based, preschool and special education services; the expansion of basic services for dispersed rural and marginal urban populations in Nicoya, Chacarita, Guápiles and communities in the metropolitan area; increased access in priority cantones to potable water and improved environmental sanitation and excreta disposal facilities, benefiting 180,000 people; and the adaptation of control of diarrhoeal diseases (CDD) messages from Facts for Life for the Bribri population.

39. Using achievements in local-level interventions as a basis, institutions were supported in the development of models of service for children and women in impoverished areas, specifically designed for replication. These models emphasized decentralization, cost-effectiveness, community participation and sustainability. Advocacy and social communication activities focused attention on the practicality of the new service models; however, budget cuts were initially not severe enough to convince the Government to adopt all of them.

40. Advocacy and communication activities played an important role in helping to increase media coverage on child-related issues and were influential in securing the adoption in 1988 of the Law for the Promotion of Equality for Women, the creation in 1987 of the Office of the Ombudsman for Children and the establishment of a high-level committee to monitor the implementation of the Convention on the Rights of the Child in Costa Rica.

41. In 1991, the Government formed an inter-ministerial team to coordinate the formulation of a national programme of action for children. UNICEF collaborated with other United Nations agencies, in particular UNDP, in this process. Coordination of activities with other United Nations agencies, including PAHO, the United Nations Population Fund (UNFPA) and the United Nations Development Fund for Women, was achieved during this period. Collaboration with the private sector was extremely important in the dissemination of Facts for Life messages through the media. Coordination and collaboration with Radio Netherlands was also an important element in these activities.

42. The Convention on the Rights of the Child, ratified by Costa Rica in 1990, and the national programme of action signed in December 1991, provided the legislative and policy framework for coordinating efforts to alleviate the aforementioned problems.

Lessons learned

43. The economic deterioration of the country and subsequent structural adjustment programmes have created the need to identify more cost-effective technologies and to mobilize resources more effectively through improved coordination and alliances with other institutions and agencies. Centralized high-cost models for the provision of basic services are no longer sustainable options for expansion of services. The policy and institutional reforms necessary for implementing alternative models of service delivery will require increased advocacy and institutional support. These models must also allow for adaptation at the local level to meet specific needs.

44. Studies and evaluations of specific programme interventions highlighted the need for improved coordination in the implementation of integrated basic services projects; additional training in the maintenance of the expanded programme on immunization (EPI) cold chain (including vehicles and motorcycles); and increased attention to training at local and regional levels in order to build local-level institutional capacity.

Recommended programme cooperation, 1992-1996

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	1994	1995	1996	Total
Policy and planning	80	130	125	130	130	595
Health and nutrition	240	215	215	215	215	1 100
Education	220	195	195	195	195	1 000
Children in especially difficult circumstances	60	60	65	60	60	305
Programme support	150	150	150	150	150	750
Total	750	750	750	750	750	3 750

45. This is the first time a full programme of cooperation for Costa Rica has been presented to the Executive Board. The programme presented here has been developed taking into consideration increased general resources for Costa Rica and subregional programmes which have already been approved by the Board. Subregional supplementary funds will complement and expand activities to be funded with general resources, with the exception of the subregional water supply and sanitation programme, which will only be supported indirectly by national policy and planning activities.

46. The overall objectives of the proposed programme include (a) reducing IMR, the under-five mortality rate and the maternal mortality rate (MMR) to levels closer to national averages in 18 cantones; (b) improving and

protecting the well-being of children and their environment, with special emphasis on the girl child; and (c) enhancing the participation of women in development.

47. More specifically, the UNICEF programme of assistance aims to help the country achieve its national programme of action goals by focusing in priority cantones on the following areas: (a) reducing MMR through increased prenatal care; (b) decreasing the incidence of moderate and severe malnutrition in children under five years of age through growth monitoring; (c) providing day-care services for 200,000 children under the age of six years; (d) increasing coverage in formal and community-based care for the disabled child population by 50 per cent; (e) incorporating 20,000 women into community-based, household day-care services; (f) providing universal access to primary education; (g) promoting the care and detection of at-risk working and institutionalized children in at least 25 per cent of the priority cantones; (h) reviewing and enacting child-worker legislation; and (i) increasing safe water and waste disposal coverage in rural and marginal urban areas to 95 per cent.

48. While components of the UNICEF programme of cooperation are national in scope, major programme interventions will be concentrated in 18 of the 30 Government-prioritized cantones. These 18 cantones have been selected because they have the worst socio-economic indicators when compared to national averages. The total population of these cantones (14 of which are rural and 4 urban) is 934,000, 51 per cent of which is urban and the rest rural. Of this population group, the primary beneficiaries will be families living in poverty or extreme poverty. Special emphasis will be given to population sectors suffering from discrimination due to gender, ethnicity or place of residence (marginal urban, dispersed rural areas).

Social policies for children and women

49. The overall objective of this programme, which is national in scope and complementary to all other UNICEF-supported programmes in Costa Rica, is to provide technical support to government institutions and NGOs for the implementation and observance of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the national programme of action for children.

50. Programme interventions will focus on (a) monitoring the situation of children and women; (b) advocacy for policy reform; (c) communications activities and social mobilization for implementing cost-effective, decentralized and sustainable models of service coverage; and (d) technical assistance and logistical support.

51. More specifically, programme objectives include the development of social policies (national and sectoral) that take due consideration of the specific needs and problems of children and women; the development of a system for monitoring implementation of the national programme of action for children and the Convention on the Rights of the Child (in particular, child-worker

protection legislation); increased integration and intersectoral coordination in the design and implementation of programmes affecting children and women; and increased public awareness and government and NGO collaboration for the achievement of national programme of action goals and the implementation of the Convention on the Rights of the Child.

Integrated health and nutrition

52. This programme will aim to maintain and improve maternal and child health (MCH) indicators already achieved by Costa Rica and support government measures intended to reduce national health disparities. The major thrust will be to assist the Government to achieve national programme of action health-related goals in the 18 priority cantones. The programme will include the following projects: child health; women's health; nutrition; and technical assistance and programme and logistical support.

53. Project-specific objectives include the reduction of perinatal, diarrhoeal and ARI-related deaths by 15 per cent; increasing to 85 per cent the number of mothers who exclusively breast-feed their children during the first four months after birth; 100 per cent hospital care for high-risk childbirths; reduction in the number of low birth weights to 6 per cent; maintaining and or expanding immunization coverage to 95 per cent; and achieving 100 per cent growth and development monitoring of children under six years of age in all priority areas by 1996. In order to achieve these objectives, UNICEF will support the training of health personnel, health education, basic supplies and equipment and technical assistance.

Education

54. This programme will be implemented in priority cantones and will be geared towards increasing the number of preschool and day-care facilities for children under the age of six years, developing support responses for the primary education needs of special population groups, such as disabled children and working children, and increasing the number of primary school graduates.

55. Specific objectives include decreasing the repetition rate in the first year of primary school from 19.3 per cent (1990) to 5 per cent, integrating disabled children into preschool education programmes and transition cycles; reducing the drop-out rate of disabled children to 2.3 per cent of the initial registration; and establishing early education and care services for approximately 200,000 children under the age of six years. UNICEF support will be provided for the development of flexible school schedules and curricula to increase attendance, technical assistance, personnel training and supplies. In addition, support will be provided for a review of curricula and textbooks as a basis for determining the relevance of content and the elimination of gender-based discrimination.

Children in especially difficult circumstances

56. Building on the advocacy and institutional strengthening undertaken in the previous period of cooperation, this programme will stress the rehabilitation of children in difficult circumstances through community-based alternatives.

57. The programme consists of three projects: children at risk; institutionalized children; and working children. Specific objectives include the establishment of a national system for monitoring the situation of children in especially difficult circumstances; the development of alternative models of care for 30 per cent of all institutionalized children; implementation of six pilot income-generating projects for working children; and review and enactment of legislation on working children.

58. UNICEF will provide technical assistance and support the training of personnel working with children in especially difficult circumstances. Flexible education and school hours for street children will be promoted, and visits will be arranged for counterparts to observe and learn from experiences in other countries in the region where these types of programmes are more consolidated.

Water supply and environmental sanitation

59. This programme aims to strengthen national and community capacity for providing and maintaining potable water and environmental sanitation services and equipment in priority cantones. To this end, activities will be oriented towards the adoption of appropriate low-cost technologies which have already proved effective in other areas of the country, mobilization of community resources and improvement of environmental hygiene habits of the beneficiary population.

60. Major lines of intervention include (a) the provision of clean water, using alternative technologies; (b) environmental sanitation; (c) health education; and (d) technical assistance and logistical support. More specifically, the programme aims to achieve water supply coverage for 95 per cent of the population, with priority to those living in dispersed rural areas, and 95 per cent coverage of excreta disposal systems, with priority to those living in rural and marginal urban areas.

Programme support

61. Programme support costs have been budgeted to cover the necessary technical, logistical and administrative support costs of the new country programme, including the costs of strengthening the sub-office in San Jose and programme monitoring and evaluation activities.

Cooperation with other United Nations organizations

62. The country programme will be closely coordinated with other United Nations agencies, and ongoing cooperation with PAHO/WHO, UNDP and other agencies will be strengthened.

III. PANAMA

Basic data (1990 unless otherwise stated)

U5MR: 31	Child population (0-15 years): 899,000
IMR: 22	Literacy (male/female): 88/88 per cent
GNP per capita (1989): $1,760	Access to health services: 80 per cent

One-year-olds fully immunized against:

Tuberculosis:	97 per cent
Diphtheria/pertussis/tetanus:	86 per cent
Measles:	99 per cent
Poliomyelitis:	86 per cent

Pregnant women immunized against:

Tetanus:	27 per cent

The situation of children and women

63. Panama experienced its harshest political and economic crisis during the 1980s. The social impact of the crisis is reflected in the deterioration of social indicators, increased urban and rural disparities and a larger population of marginal poor in urban areas.

64. During the past five years, the economic crisis, brought to a head by economic sanctions imposed in 1988, has led to decreased social sector spending and a deterioration of basic infrastructure. Only minimal payments were made on Panama's per capita external debt, which is considered to be among the world's highest, and reduced employment opportunities and massive lay-offs worsened the already impoverished state of one half the population.

65. The major causes of infant deaths in the neonatal period are perinatal infections, congenital anomalies and pneumonias; ARI and diarrhoeal dehydration are the leading causes of death in the postnatal period. For children between the ages of one and five years, some major causes of mortality are intestinal and respiratory infections, trauma, poisoning, nutritional deficiencies and congenital anomalies.

66. While UCI was achieved in 1990, coverage rates in remote districts and areas with indigenous populations are still below national levels. In 1990, a measles epidemic affected both children and adults.

67. In provinces where the majority of the indigenous population live in marginal urban areas, the percentage of chronically malnourished people is higher than the national average. Vulnerable groups in these areas also suffer from iron, iodine and vitamin A deficiencies.

68. Cholera was first reported in September 1991, in the region of Darien near the Colombian border. The spread of the cholera epidemic to other parts of the country could seriously affect the health situation of the most vulnerable groups. Local authorities have already started to implement plans for the control of cholera, and preventive activities are under way.

69. Although national reported coverage for hospital births is 83 per cent, in some districts coverage barely reaches 30 per cent. In these areas, traditional birth attendants (TBAs) assist most of the deliveries. Adolescent mothers are a high-risk group, accounting for a high percentage (20 per cent in 1985) of total registered births.

70. National indicators for primary education enrolment and completion rates are high; none the less, the quality of teaching and low scholastic achievement remain problem areas. Disparity of coverage is also a problem, with illiteracy rates in areas with indigenous populations reaching 80 per cent. Only 34 per cent of children 5 to 6 years of age are receiving preschool education, and services for disabled children are very limited.

71. Although the total number of children living in especially difficult circumstances is unknown, on-site observation would indicate that the number of working children has been growing. In the past, surveys on child labour have tended to focus on the formal sector and on rural labour, excluding informal sector employment and the domestic work of young girls employed as household help. The incidence of reported child abuse cases has also increased in recent years. Children caught in illegal activities (many of which are drug-associated) are generally institutionalized in re-education centres. Indigenous children also live in difficult circumstances, due to the reduced access to basic services in their communities.

Programme cooperation, 1985-1991

72. During this period, the major thrust of UNICEF cooperation centred on the subregional child survival programme financed by the Government of Italy and the European Economic Community. Through this programme, support was provided for (a) the training of health personnel and community workers, with emphasis on the control of ARI and CDD; (b) the development of a training plan for TBAs and training of trainers to implement the plan; (c) strengthening EPI, resulting in the attainment of UCI in 1990; (d) improving health information systems through the introduction of sentinel site methodologies and the

establishment of 49 such sites; (e) the development of basic health education materials; and (f) strengthening cooperation and coordination with PAHO/WHO and Rotary International.

73. Social communication and mobilization activities related to child survival and health included strengthening relations and, where possible, coordinating activities with civic groups, business groups, NGOs, religious groups and the mass media. Strengthened media relations resulted in media support in dissemination of basic health messages and promotion of events such as the ratification of the Convention on the Rights of the Child and the World Summit for Children, as well as coverage of the signing of the national programme of action at the December 1991 Summit of Central American Heads of State in Honduras. EPI messages in indigenous languages were also produced for radio transmission.

74. Women in development activities supported during this period included (a) a small income-generating project, where women trained in non-traditional activities formed a multiple services cooperative; (b) studies on domestic violence and a review of sexual stereotypes in textbooks; (c) workshops for women on topics such as organization and leadership; and (d) the publication of educational booklets on topics such as the adolescent girl, self-esteem and organization and leadership.

75. Water supply and sanitation activities included the construction of over 800 latrines in the marginal urban area of San Miguelito in Panama City, construction of 20 aqueducts and 700 latrines in the rural area of Oriente Chiricano and construction of latrines and improvements to the water distribution network in the urban area of David (Chiriqui Province). An evaluation of this programme highlighted the need to strengthen the health education dimension and improve the coordination of water supply and sanitation activities with other health interventions.

76. Through the subregional children in especially difficult circumstances programme, technical assistance and financial support were provided for (a) a qualitative study on the situation of these children in Panama; (b) training of street educators; (c) awareness-building and promotion of the Convention on the Rights of the Child; and (d) promotion of alternative intervention strategies for children in especially difficult circumstances through the interchange of experiences with other countries in Central America. Support was also provided for the development of community-based programmes for the care of disabled children.

77. The Convention on the Rights of the Child, ratified by Panama in December 1990, the Declaration and Plan of Action of the World Summit for Children, signed by President Endara, and the national programme of action prepared in 1991 have provided the legal framework and political commitment for developing the new country programmme for the period 1992-1996. UNICEF and UNDP have worked closely with the Government in the development of the national programme of action. Inter-agency cooperation also took place with PAHO/WHO in the implementation of the child survival programme.

Lessons learned

78. Indicators from sentinel sites and field observation have confirmed the need to concentrate interventions in deprived areas if regional disparity reduction is to be achieved. To this end, national and local institutional capacity for programming and implementing local-level, community-based and NGO-supported projects need to be strengthened. Other important lessons learned from constraints encountered and evaluations undertaken of major programmes, such as the child survival, water supply and sanitation and urban basic services programmes, underline the following needs: (a) to promote decentralization only after consolidating local-level capacity for planning, implementation and monitoring of projects; (b) to strengthen and improve systems for monitoring health, education and nutrition indicators at the local level; (c) to strengthen intersectoral coordination between programmes and projects; (d) to promote more participatory approaches; and (e) to further emphasize and support subregional interchange of experiences, technologies and approaches.

Recommended programme cooperation, 1992-1996

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	1994	1995	1996	Total
Health	230	280	290	290	300	1 390
Education	190	160	150	150	150	800
Children in especially difficult circumstances	20	20	20	20	20	100
Support for national policies	310	290	290	290	280	1 460
Total	750	750	750	750	750	3 750

79. The main thrust of the 1992-1996 country programme is framed within Board-approved subregional initiatives for integrated PHC; education for development; water supply and sanitation; and children in especially difficult circumstances. These initiatives will be complemented by country programme strategies that cut across sectors, in addition to country-specific interventions in priority areas. Overall objectives for the new country programme have been developed taking into consideration the situation of children and women in Panama, the Convention on the Rights of the Child and the national programme of action.

80. Building on the achievements and lessons learned during the past period of cooperation, the programme includes both national-level and area-based activities in priority regions such as Bocas del Toro, East Chiriqui, Veraguas and marginal areas of Panama City and Colón. Women will be considered in all programme areas of intervention, with a view to improving their quality of life and enhancing their participation in the programmes.

81. UNICEF will advocate the achievement of the following national programme of action goals: reduction of IMR by 20 per cent, to 18 per 1,000 live births in 1995; reduction of maternal mortality by 50 per cent; elimination of neonatal tetanus; maintenance of immunization coverage at 90 per cent; reduction of low birth weight by 20 per cent; achievement of universal access to primary education; reduction of illiteracy levels in adults by 50 per cent; and achievement of 98 per cent coverage (1995) in urban and 83 per cent in rural areas for potable water.

Primary health care

82. This programme aims to assist the Government to achieve the MCH goals indicated above. Programme interventions will be concentrated in selected districts where health indicators are well below the national average.

83. ARI will receive the highest-level support, as will CDD. CDD activities will be developed with due consideration given to a potential cholera epidemic scenario. To this end, support will be provided for the training of health workers, provision of medical supplies and equipment and public health education.

84. While Panama has already achieved national UCI coverage, immunization coverage still lags in pockets of the country. EPI will be further strengthened through reinforcement of local-level education on vaccination procedures and norms, staff training and support to operate an adequate cold chain. At the national level, emphasis will be placed on expanded coverage, sustainability and achievement of national programme of action support goals, including the elimination of neonatal tetanus by 1995 and a reduction by 95 per cent of deaths due to measles by 1995.

85. Nutrition interventions will include support to national iodine and fluoridation programmes and provision of iron tablets for anaemic children and pregnant and lactating women. Studies of sugar enrichment programmes and the administration of vitamin A to children will also be supported. Nutrition surveillance, breast-feeding and growth monitoring will be promoted through health education programmes and the training of health personnel. Promotion of the "baby-friendly" hospital initiative will be important in this context.

86. Reduction of MMR by 50 per cent will be pursued by strengthening and expanding coverage of prenatal control programmes, especially for adolescent mothers. A special education programme for male and female adolescents will be established, and prenatal support clinics will be promoted. In priority districts, training of TBAs will be an important component of a "maternity

without risk" strategy. A women's health component, dealing with health issues not related to women's reproductive roles, will also be supported. To this end, health staff will be trained in gender-specific approaches to health.

Education

87. UNICEF cooperation will be provided to increase the coverage and effectiveness of basic education services in nine rural districts with high indigenous populations in Chiriqui, Veraguas and Bocas del Toro, and marginal urban neighbourhoods in Panama City and Colón.

88. Projects will be geared towards increasing coverage of integrated ECD services for children up to six years of age and disabled children, and reducing illiteracy rates, with a particular focus on women. Activities to be supported will include: studies to identify child-rearing patterns and potential for low-cost, community-based service models; establishment of community child-care centres; preparation of curricula to integrate disabled children into regular education programmes; and development of study guides for parents of children with disabilities. Technical assistance and material support will also be provided for the development of literacy materials and training of community promoters involved in district literacy programmes.

Water supply and sanitation

89. UNICEF will target its interventions to increase coverage in those rural and marginal urban areas where coverage rates are well below the national average. An estimated 6,000 people will benefit from construction of mini-aqueducts, village-level operation and maintenance of pump-wells and latrines. Environmental and hygiene education and the involvement of women in water supply and sanitation activities will be important components of this programme.

90. Specific activities will include capacity-building, promotion of low-cost technologies, provision of supplies and equipment, training of community maintenance groups and environmental education. A small reforestation project will be used to raise awareness about the link between environmental degradation and the depletion of water supply sources. The programme is currently being implemented with supplementary funds received from the Government of Sweden for the subregional water supply and sanitation programme.

Children in especially difficult circumstances

91. Building on the advocacy and institutional strengthening undertaken in the previous period of cooperation, this programme will stress the rehabilitation of children in especially difficult circumstances through community-based alternatives.

92. The focus of interventions will be oriented around two categories of children in especially difficult circumstances: (a) children in survival strategies (working children); and (b) institutionalized children. Advocacy

activities will stress prevention, child rights and the special needs of these children. UNICEF funding and technical assistance will be provided for local capacity-building for alternative models of care; a study on the situation of children in especially difficult circumstances in Panama; the training of street educators; and the design of a few pilot income-generating projects incorporating these children.

Advocacy, social mobilization and policy support

93. Advocacy and policy support activities will be carried out as a cross-sectoral strategy and an integral component of the entire country programme. The overall objective of the programme is to promote and mobilize support for efforts aimed at the achievement of national programme of action goals and implementation of the Convention on the Rights of the Child. Major lines of intervention will include (a) support for the development and implementation of social development policies benefiting women and children; (b) promotion of gender-sensitive analysis in existing legislation and social services to facilitate the incorporation of women in the development process; (c) programme monitoring and evaluation, including strengthening national and local capacity for monitoring national programme of action goals; and (d) social communication and mobilization.

94. Activities will include the provision of technical assistance and support for studies, workshops and subregional interchange of experiences for the development of social policies, and mobilization and advocacy for the implementation of strategies designed to fight poverty, improve institutional capacity, especially at the local level, and meet the basic needs of children.

Programme support

95. Support costs have been budgeted within each programme to cover necessary technical, logistical, and administrative support costs of the country programme. In addition, the UNICEF office in Panama will receive technical support from the UNICEF Area Office for Central America in Guatemala. Programme monitoring and evaluation indicators will be built into each programme, and the sentinel site methodology for health indicator monitoring will be expanded to include other social indicators. UNICEF staff will also make regular field trips to monitor project implementation in priority areas.

Cooperation with other United Nations organizations

96. The country programme will be closely coordinated with the efforts of other United Nations organizations, and ongoing cooperation with PAHO, UNDP and other agencies will be strengthened. In addition, efforts will be made to cooperate with NGOs operating in the same areas as UNICEF. Other programme partners will include Childhope and the Inter-American Development Bank (IDB).

IV. URUGUAY

Basic data (1990 unless otherwise stated)

U5MR: 25	Child population (0-15 years): 900,000
IMR: 22	Literacy (male/female): 96/95 per cent
GNP per capita: $2,560	Access to health services: 82 per cent

One-year-olds fully immunized against:

Tuberculosis:	99 per cent
Diphtheria/pertussis/tetanus:	88 per cent
Measles:	82 per cent
Poliomyelitis:	88 per cent

Pregnant women immunized against:

Tetanus:	13 per cent

The situation of children and women

97. Uruguay, like most Latin American countries, experienced one of its worst economic crises during the 1980s. Per capita GDP suffered a decline in its average growth rate, which was 0.2 per cent in 1990, and inflation rose to 129 per cent during the same year. Declines in GDP and family income have increased the level of poverty.

98. The conditions of poverty in Uruguay are the result of an economic situation and policies that have produced, over the past two decades, a decrease in salaries and periods of high unemployment and deteriorating living conditions for the lower and middle classes, mainly affecting women and children. Twenty-two per cent of Uruguayan households lack basic services, although there are vast differences between regions (14 per cent in Montevideo, 39 per cent in Cerro Largo and 41 per cent in Rivera). This is structural poverty, to which one must add the "new" poor who have seen a decline in their living conditions as a result of the economic stagnation of the 1980s, and who comprise at least a further 15 per cent of the population. One in three Uruguayan children now live in homes with unmet basic needs. Furthermore, the incidence of urban poverty is higher in homes in which the head of household is a woman, a young adult under 29 years of age or an unemployed person.

99. Most of the poor in Uruguay receive health care from public institutions, while wealthier people use private health services, creating a disparity in the health status of these two groups. In 1989, IMR reached 27 per 1,000 live births among the group attended by public sector health services, in contrast with an IMR of 12 per 1,000 live births for the group with access to private services.

100. As a result of the economic crisis, chronic malnutrition has become widespread. The average incidence of low birth weight is 7.7 per cent, but in low-income families it is 13 per cent. Over 20 per cent of the causes of infant mortality are nutrition-related. It is estimated that 55 per cent of children under five years of age in low-income sectors are below the normal height for their age.

101. In Uruguay, there are virtually no ECD services available for children under two years of age. Only 37 per cent of children between three and five years of age receive any kind of preschool care, and it is estimated that over 80,000 children need care while their mothers are working. Despite the progress made in the coverage of primary education, there are great variations in quality, depending on income levels and geographical location. This contributes to the high rates of repetition and attrition.

102. Another consequence of the severe economic situation is an increase in the number of children at risk and in the street. More than 3,000 children and adolescents are in institutions, and over 4,000 children are being cared for in the public sector. About 95,000 children between 12 and 19 years of age perform low-level jobs and receive low wages.

103. Uruguay has one of the highest rates in Latin America for women's participation in the labour force, 47 per cent in Montevideo alone. However, the average female wage is equivalent to 53 per cent of that of a male. The majority of women work in the service sector, and a large proportion are employed in domestic service. In 1989, of the total number of pregnant women under 21 years of age receiving health care in the public sector, 47 per cent were underweight. One quarter of the women in Uruguay suffer from iron deficiency, and only 60 per cent receive prenatal care during pregnancy.

Programme cooperation, 1987-1991

104. Uruguay has never had a regular country programme; thus, this is the country's first country programme recommendation to the Executive Board. Between 1987 and 1991, UNICEF cooperation was provided through the use of supplementary and regional funds to promote child development and basic services. During this period, support was also provided for research and studies on the situation of children, information and social mobilization activities and the establishment of a network of NGOs working with children.

Basic services

105. UNICEF has supported the provision of basic services for children in the marginal urban areas of Montevideo. The programme contributed to the development of an innovative mechanism, which includes administrative decentralization and community participation through the organization of neighbourhood committees for children. Support was provided for the implementation of early childhood stimulation, non-formal, preschool education, PHC and basic sanitation. These activities were initiated as pilot experiences and have had limited range. The basic services programme has

benefited 400 children, and 20 day-care centres were established. In view of the positive experience gained with the implementation of this programme, the city of Montevideo has formulated a plan to expand its activities to benefit 10,000 children under five years of age.

Child and family centres

106. In 1988 the Government, with UNICEF support, initiated the child and family centres programme, which is being implemented with the cooperation of the ministries of Health, Education and Labour, the National Institute for Minors and the National Food Institute. Almost 3,000 children between two and five years of age have received health-care services and benefited from supplementary feeding programmes in 45 centres established in poor urban and rural areas. In 1990, the programme was incorporated into the Social Investment Emergency Fund of the office of the President of the Republic, as another component of the programme to reduce poverty.

Recommended programme cooperation, 1992-1996

Estimated annual expenditures

(In thousands of United States dollars)

General resources	1992	1993	1994	1995	1996	Total
Policy development and social statistics	140	150	150	150	140	730
Social methodologies	360	350	350	350	360	1 770
Advocacy and social mobilization	100	100	100	100	100	500
Programme support	150	150	150	150	150	750
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Child development	130	130	140	-	-	400
Children in especially difficult circumstances	84	124	134	114	114	570
Subtotal	214	254	274	114	114	970
Total	964	1 004	1 024	864	864	4 720

107. Uruguay has made good progress in areas related to infant mortality and under-five mortality, maternal mortality, severe malnutrition and adult literacy. However, there are still disparities among different regions and between social groups. To reduce regional and social inequalities, and in response to the commitments made during the World Summit for Children, the Government of Uruguay began the process of preparing a national programme of action. The formulation of the national programme of action is being coordinated by a commission made up of the ministers of Health, Education, Housing and Labour, and the proposed country programme has been prepared within this framework.

108. Strategic elements of the new country programme include capacity-building, the concentration of resources in priority areas and the promotion of innovative approaches for social intervention and social mobilization in order to enhance the fulfilment of the goals and to reduce disparities among regions.

109. The proposed country programme aims to achieve better utilization of existing public services and to complement those services with support actions organized by the communities. The use of innovative strategies to fight poverty are aimed at reducing regional inequalities. To achieve these goals, the Government has requested that UNICEF support the following three lines of action: policy development and social statistics; social methodologies; and advocacy and social mobilization.

Policy development and social statistics

110. UNICEF will provide technical assistance and advice for the formulation of social policies and programmes, as well as for the implementation of strategies designed to reduce poverty and regional disparities to meet the needs of children and women.

111. Within this context, UNICEF will support studies to evaluate the impact of economic strategies on the low-income population; help to design strategies and activities for social programmes to reduce inequalities; cooperate to achieve institutional reinforcement at different levels of the Government through training in social and developmental management; provide support for the dissemination of studies on poverty; and support the establishment of follow-up and evaluation systems to monitor the goals proposed in the national programme of action. UNICEF will have an advisory role in the latter effort.

112. UNICEF will contribute to the improvement of the capacity of NGOs to formulate and implement social projects jointly with the public sector in order to maximize the use of the available resources. In cooperation with the National Institute for Women, support will be provided for the training of technical and professional personnel to develop programmes for poor women; the collection and analysis of statistics on the situation of women; and the promotion of economic activities for women.

Development of social methodologies

113. The proposed programme aims to increase access to preschool education among poor children; strengthen the technical capacity of government and non-governmental institutions through personnel training; and provide technical assistance for the design and implementation of early stimulation activities in day-care and preschool centres, with the participation of the community. UNICEF will cooperate with the National Institute of Public Education and with the city of Montevideo to create local councils on education, with representatives from government sectors, NGOs and the community. These councils will coordinate the development of services and the formulation of integrated local plans of action. In primary education, support will be provided to improve the quality of the first grade, in which drop-out and repetition rates are particularly high, through the training of teachers and promotion of innovative teaching methods. UNICEF will support advocacy and social mobilization for education and child development through the dissemination of successful experiences, research and studies.

114. In the health area, UNICEF will support health education programmes for pregnant women and mothers, monitoring of adult and adolescent pregnancy and prevention of ARI and accidents in children under six years of age. UNICEF support will include training and production of educational materials, strengthening the system of MCH indicators and basic statistics, as well as maintaining the nutrition surveillance system.

115. The Ministry of Health, in conjunction with the National Institute for Women and the National Institute for Minors, will develop educational programmes aimed at reducing the incidence of teenage pregnancy. These activities will be carried out in accordance with efforts to promote breast-feeding and birth spacing.

116. With regard to children in especially difficult circumstances, UNICEF will support the efforts being made by governmental and non-governmental bodies and grass-roots organizations to develop innovative approaches for the prevention and care of these children. In cooperation with the National Institute for Minors, the project will contribute to the de-institutionalization of 35 per cent of the children presently in institutions, while concurrently developing alternative modalities for care based on the family and the community.

117. In Montevideo, there are a growing number of children working as garbage collectors. UNICEF and the Government have agreed that UNICEF will support an experimental project for these children. The city of Montevideo, together with community organizations, will provide support services for 2,300 children and women.

Advocacy and social mobilization

118. The advocacy and social mobilization programme will be directed towards generating political will and commitment among all sectors of society to mobilize resources in favour of children and women. It will seek to create strategic alliances with trade organizations, unions, academics and arts and religious groups to improve the well-being of children and to draw attention to the Government's commitments for children.

119. UNICEF will cooperate with the Inter-American Institute for Children, NGOs and jurists who have been working for children's rights to conduct various activities, including research, national seminars, publications and the distribution of information on children and women, to make the public more aware of specific problems facing children and women. Special emphasis will be placed on the need to provide adequate solutions and alternatives to improve the situation of children and women.

Monitoring and evaluation

120. Monitoring and evaluation processes and mechanisms will be incorporated into the country programme, as fundamental elements for both overall programming and each specific project. The strategy of the programme of cooperation will include efforts to evaluate the impact of innovative experiences. Evaluations will be conducted for the activities related to non-formal, preschool education and children in especially difficult circumstances, with the cooperation of the Latin American Centre for Human Economy, UNDP and some local universities.

121. In order to monitor the progress of the proposed programme and the national programme of action, support will be provided to strengthen the national monitoring and information systems of the Directorate of Statistics and Census.

Collaboration with other agencies

122. In the sphere of social policy and programmes, UNDP and IDB are supporting the Social Investment Programme and the Social Emergency Investment Fund with technical and financial aid. UNICEF actions will be carried out in coordination with these agencies and within the context of the two programmes. In the health area, actions will be coordinated with PAHO, UNFPA and the German Agency for Technical Cooperation; with respect to children in especially difficult circumstances, actions will be coordinated with UNDP, UNESCO and the Canadian Organization for Development and Solidarity. There will be increased links and mutual cooperation with the Organization of American States through the Inter-American Institute for Children in order to continue the work of adapting Uruguayan legislation to the Convention on the Rights of the Child.